



State of California—The Resources Agency  
DEPARTMENT OF FISH AND GAME  
**CHANGE OF ADDRESS FORM**

DEALER ID# \_\_\_\_\_

SOCIAL SECURITY NUMBER				DRIVERS LICENSE OR DMV I.D. NUMBER AND STATE <i>(Voluntary)</i>			
_ _ _ _ - _ _ _ _ - _ _ _ _							
FIRST NAME			M.I.	LAST NAME			
BUSINESS NAME			PLANT NAME(S)				

<b>PREVIOUS MAILING ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
<b>CURRENT MAILING ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	DAY TELEPHONE NUMBER <i>(Voluntary)</i> (    )		

SIGNATURE	DATE
<b>X</b>	

MAIL TO:

DEPARTMENT OF FISH AND GAME  
LICENSE AND REVENUE BRANCH  
3211 S STREET  
SACRAMENTO, CA 95816  
OR FAX (916) 227-1303